

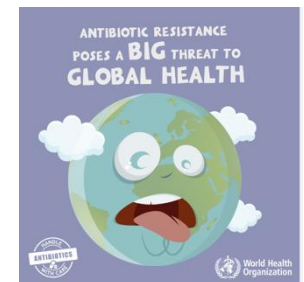
Report of WMA External Activities and International Policy

- Antimicrobial resistance
- Human Resources in Health
- Noncommunicable diseases
- Pandemic preparedness INB
- WHO Civil Society Commission

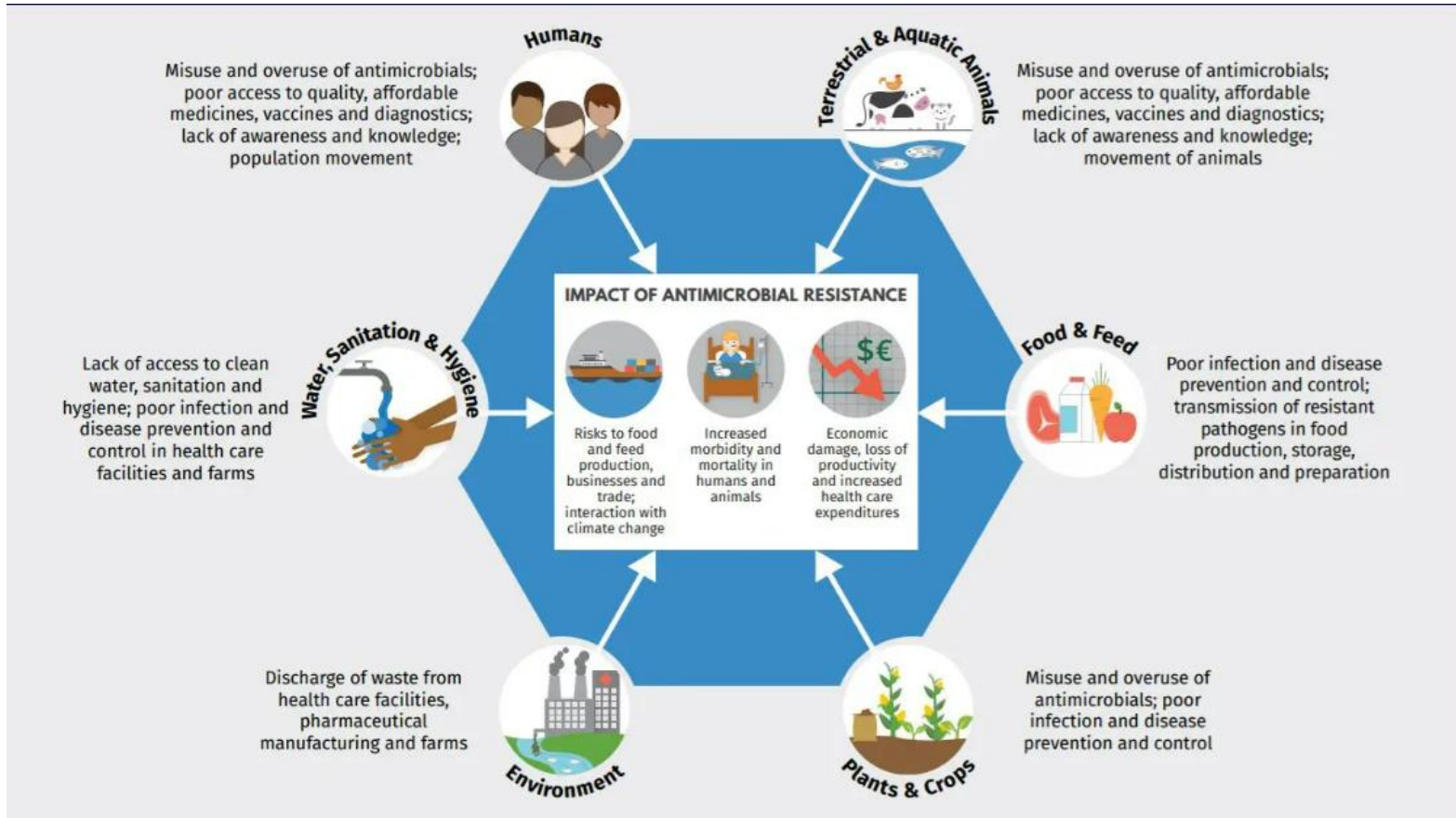
The Global Burden of AMR

- In 2019, 4.95 million deaths associated with bacterial AMR
- By 2050, 39 million people are projected to die from a resistant infection
- Highest burden-> Sub-Saharan Africa at 27 deaths per 100,000
 - Australasia ->6.5 deaths per 100,000
- Lower respiratory infections: >1.5 million deaths
- *E coli*, *S aureus*, *K pneumonia*, *S pneumoniae*, *P aeruginosa*, *A baumannii* -> 6 leading pathogens

[Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis Murray, Christopher J L et al. The Lancet, Volume 399, Issue 10325, 629 - 655](#)



Drivers of AMR



WMA's AMR Work in 2024



- Member of the AMR Stakeholder group, CSO cluster
 - Stewardship across the lifecycle
 - Education
 - High-level meeting coordination

2024 a year for AMR



- Advocacy towards the **UN High level meeting on Antimicrobial Resistance in New York**
- Specific ask -> **Increase investment and support to the workforce and health systems strengthening** to allow for improved antibiotic prescribing and Infection Prevention and Control practices.



Key advocacy points

- Involvement of NMAs in National Action Plan development, implementation and Monitoring/Evaluation
- Ensuring Access to new AMR products to areas with the greatest unmet need

WMA's AMR Work



World Health Assembly- May 2024

- “AMR: Looking towards UNGA and Beyond”
- Convened 50 global AMR experts into a round table discussion format



WMA's AMR Work



World Health Assembly- May 2024

- “AMR: Looking towards UNGA and Beyond”



2024- A year for AMR



- UN High level meeting Side event

From Policy to Action: Successful Implementation of Multisectoral AMR Programs in LMICs

UN High-Level Meeting on Antimicrobial Resistance side event

Date: **24 September 2024** Time: **7:00-8:30 PM EST** followed by informal networking and refreshments

Location: **Scandinavia House, 58 Park Avenue, New York, NY**

Organized by



WORLD
MEDICAL
ASSOCIATION



INTERNATIONAL CENTRE FOR
ANTIMICROBIAL RESISTANCE
SOLUTIONS



2024- A year for AMR



- UN High level meeting Side event



2024- A year for AMR



- UN High level Meeting Declaration on AMR

94. Strengthen national capacities by investing in the training, development, recruitment and retention of a competent and skilled workforce in human, animal, and plant health and the environment, as relevant, especially in low- and middle-income countries, as well as through capitalizing on antimicrobial resistance expertise from the Quadripartite organizations and their regional offices, collaborating centers, and relevant Secretariat departments, as well as the WHO Academy;



Human Resources for Health

Health workforce situation

Global shortage of 10 million HP by 2030

Higher demand on HP

- UHC
- aging population
- Advancement in medicine

Reduced supply

- Higher Burnout rate - especially after COVID
- Poor working conditions
- Violence & harassment
- High attrition rate
- Aging workforce

WHA 2025: 6 HRH Resolutions

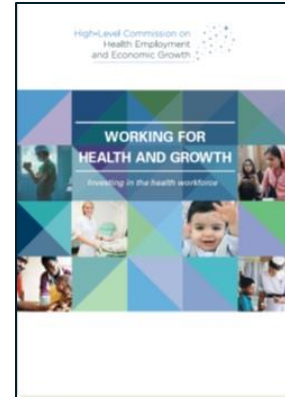
2010 (WHA 63.16)



2016 (WHA69.19)



2017 (WHA 70.6)



2022 (WHA(75.17))



1. National Reporting on the implementation of the WHO Code (every three years)

Relevance and effectiveness of the Code (every five years)

2. Global Strategy on HRH
3. Strengthening nursing and midwifery
4. Community health workers delivering PHC

5. Protecting, safeguarding and investing in the health and care workforce
6. Human Resources for Health

WMA Migration Project

- Aim is to provide national perspectives on physician migration through Country case studies
- Data collection via online form
- Highlight a physician perspective-> largely absent from global conversations
- **Please volunteer to contribute!**
Julia.seyer@wma.net

Why is it essential to get involved?

- Global workforce conversations -> Physicians are not a priority
- Data and numbers -> not highlighted
- Advocacy for increased investment -> often specific to Nurses and Community Health Workers
- Above policies and conversations-> influence donors and governments alike –

Noncommunicable Diseases

Road towards the

**4th UN HLM on NCD
September 2025**



Overview of HLM on NCD

- Builds on HLM on NCD in 2011, 2014 and 2018
- Outcome document as a political declaration, however not legally binding
- Meeting is organised by PGA with UNSG and WHO
- WHO document on NCD and health workforce

Preparation process

Key high-level events



Sep 2022

1st Gathering of Global Group of HoSG for NCDs & mental health

Jan 2023

SIDS High-level technical meeting on NCDs & mental health

Sep 2023

2nd Gathering of Global Group of HoSG for NCDs & mental health

April 2024

1st Symposium on Meaningful Engagement

June (18-20) 2024

2nd Global Dialogue on sustainable financing for NCD and mental health

Jan 2025

Executive Board



2022	2023	2024	2025
<p>April 2022 International Strategic Dialogue on NCDs – Global NCD Compact</p>	<p>Dec 2022 Global and regional technical meeting on NCDs in emergencies</p>	<p>June 2023 SIDS Ministerial Conference on NCDs and mental health – 2023 Bridgetown declaration on NCDs and Mental Health in the SIDS</p>	<p>Feb (27-29) 2024 Global Meeting on NCDs in emergencies</p>
		<p>May 2024 4th Intl SIDS Conference World Health Assembly</p>	<p>Oct 2024 2nd International Conference on Air Pollution</p>
			<p>Dec 2024 Global Meeting on Oral Health</p>
			<p>May 2025 World Health Assembly</p>

September 2025
4th UN High-level meeting on NCDs and mental health

Key Documents for the HLM



Key Documents for the HLM

It is important to advocate for strong HRH language in technical papers

Report of the WHO Director-General

Report from DG to Executive Board 156/2025 to be discussed at World Health Assembly 78/2025

WMA give intervention at WHO EB and WHA

Report of the UN Secretary General

SG submits report to UNGA ~December 2024

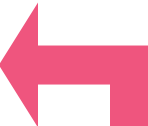
WMA can comment on zero draft of political declaration

Technical elements paper

Zero draft of political declaration

Zero draft circulated to Member States ~May 2025

Political declaration negotiated and adopted in September 2025



WMA Advocacy

- WMA is member is:
 - WHO Civil Society Workgroup on NCD
 - Advocacy Group on health workforce and NCD
 - Member of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases
- Interventions and comments on various documents

Here we need your help:

- We send you our comments to zero draft outcome document and you can send it to your governments
- What are your national key messages or issue of importance




International Pandemic Negotiations

Presentation at the WMA General
Assembly

Yassen Tcholakov

19/10/2024



Why is this important



Doctors are at the forefront of pandemics and are often the most at risk (ex.: SARS-CoV-1 2002-2004, Marburg 2024, etc.)



Global public health response relies on the availability of tools for response



Good intentions are insufficient (ex.: SARS-CoV-2, Mpox, etc.)

What has happened so far

May 2024: IHR Amendments adopted

Commitment to solidarity and equity through the establishment of a Coordinating Financial Mechanism

Some progress related to sharing of health products in emergencies

Establishment of the States Parties Committee to facilitate the effective implementation of the amended Regulations

Ambition for a potential conclusion in late 2024

Negotiations resumed in July

Most complex issues: Surveillance, Pathogen access and benefits sharing, access, and One Health

May 2025: Pandemic Accord Conclusion

The two solitudes when discussing Pathogen Access and Benefits Sharing



Necessity of Surveillance & Data Sharing for Response

PABS ensures timely access to pathogens and genetic materials for rapid R&D.

Critical to slow transmission in key areas and manage exponential disease spread.

Delays in access to countermeasures can significantly complicate public health efforts.



Necessity of Access to Resources for Response

Ensures equitable access to vaccines and treatments, avoiding reliance on charity.

Evidence from COVID-19 and Mpox shows global solidarity is insufficient for resource distribution.

PABS is essential for effective, equitable public health response, especially in resource-limited regions.



Historical example of solution finding: PIP

- What it is:
 - The Pandemic Influenza Preparedness (PIP) Framework is a global agreement established in 2011 by the World Health Assembly to govern the sharing of influenza viruses with pandemic potential and ensure equitable access to vaccines and other pandemic response resources.
- Why it was set up:
 - It was created in response to inequities in vaccine access, particularly highlighted during the 2005 H5N1 outbreak in Indonesia, where countries providing virus samples struggled to access vaccines produced from those samples. The PIP Framework ensures:
 - Obligations: Countries share virus samples with WHO.
 - Benefits: Countries receive resources (vaccines, antivirals, financial support) in return, fostering a more equitable global response to influenza pandemics.

Next steps

- More negotiations in Geneva every few weeks
- Planned adoption of the Pandemic Accord at the next World Health Assembly (at the latest)
 - Possibility of an extraordinary assembly if agreement is achieved earlier
 - Adoption is contingent on finding agreement on areas where important divide remains
- If you are interested in influencing this process, communicate with Julia Tainijoki-Seyer julia.seyer@wma.net

WHO Civil Society Commission



World Health
Organization

WHO Civil Society Commission

- WHO Secretariat led **network** of civil society organizations (CSOs)
- **Provides insight** and inputs to WHO DG and WHO Secretariat, and **brings civil society voices and priorities** to WHO at country, regional and global levels
- **Strengthens dialogue and collaboration**, and **provides recommendations** to support WHO on its engagement with civil society at all 3 levels
- **Inclusive and diverse** in participation and structure with representation from a cross-section of CSOs, different income settings and geographical areas, as well as global, regional, national, and local levels
- Adheres to WHO's rules, such as **FENSA**
- Annual General meeting, Steering Committee and Working Groups
- Dialogues between the WHO Director-General and Civil Society Organizations



WHO interactions with civil society



WHO governance - (NSA) involvements

NSAs in official relations
participation in WHO
governing bodies



Member States interaction with NSAs on national

National consultations with
NSAs

Youth/CSO delegates in
national WHA and EB
delegations



WHO – all 3 levels engagement with civil society

WRs/WHO Country Offices

WHO Regional Offices

WHO secretariat

WHO Civil Society Commission Steering Committee

- Comprises of 22 representatives of CSOs that have been accepted to participate in the CSO Commission
- Chaired by WHO Secretariat, which appoints two Steering Committee members as Co-Chairs for a two-year term :
 - Lisa Hilmi, CORE Group
 - Ravi Ram, Medwise Solutions
- Provides recommendations, input and strategic direction to the aspects relating to the work of the Commission
- Recommendations will be made on the basis of consensus.
- ***TWO virtual meetings held already with WHO Regional Office focal persons***



Current composition of Civil Society Commission and status of membership applications

General overview

